

<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application No.	10/670,989
	Filing Date	09/25/03
	First Named Inventor	Michael Wisniewski
	Art Unit	3624
	Examiner's Name	Feeney, Brett
	Atty. Docket No.	PROS1130

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ All the attorneys/agents of record  
☐ The attorneys/agents (with registration numbers) listed on the attached papers(s), or  
☒ The attorneys/agents associated with Customer Number **44654**

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

**Applicant requested file be transferred to new counsel**

### CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal  
2. ☒ Change the correspondence address and direct all future correspondence to:  
  
☐ The address associated with Customer Number:

**OR**

<input checked="" type="checkbox"/> Firm or Individual	Stephen W. Palan		
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Name	Katharina W. Schuster	Reg. No.	50,000
Date	April 5, 2010	Telephone No.	512-637-9220

NOTE: Withdrawal is effective when approved rather than received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.